

Professional Meeting and/or Travel Request Form

Employee Name: Sylvia Doyle

Today's Date: 6-1-17

School/Work Location: NLES

Location of Conference/Workshop:

Out of District ☒ X

Out of State

City, State Location of Conference/Workshop: Lake Barkley

(Requires Board Approval)

Conference/Workshop Date(s): 6-22-17

Departure Time: 7:30

Return Time: 3:30

Conference/Workshop Name: KY Farm Bureau Teacher Workshop

Rationale for Attendance: To increase knowledge of science teaching strategies

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name:

Location/Position: NLES/Teacher

Employee Name: Roberta Harris

Location/Position:

Employee Name:

Location/Position:

Employee Name:

Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

☒ Yes☐ No

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

Yes

☒ No

WILL YOU BE PARTICIPATING AS A CONSULTANT?

Yes

☒ No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Through PLCs

ESTIMATED EXPENSES:

Substitute Needed:

YES or ☒ NO

No. of Days

Registration Fee: \$0

Method of Payment:

Use of Board Vehicle:

YES or ☒ NO

Method of Payment:

Use of Personal Vehicle:

☒ YES or NO

Method of Payment:

Mileage \$0

No. of Miles

Hotel/Lodging (amount per night)

\$0

How many nights

Method of Payment:

Meals \$0

Method of Payment:

Car Rental (amount per day) \$0

How many days

Method of Payment:

Air Fair \$0

Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Sylvia Doyle, Roberta HarrisDate 6-1-17Signature of Principal/Supervisor Sheri HensonDate 6-1-17

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised:7/11/2016